



# United Methodist Church Leaders' Views on Children's Health

The United Methodist Church's Book of Resolutions includes a statement on Health and Wholeness acknowledging the connection between spiritual and physical health. This is a concept that John Wesley understood well, advocating for healthy living that supports mind, body, **and** spirit. Even the youngest church members are stewards, custodians, and managers of God's property, and there are several ways that churches can support healthy living for children and youth - inside and outside of the church setting.

## What we did

As part of the ongoing partnership with the University of South Carolina's Prevention Research Center, 26 United Methodist pastors and lay leaders in South Carolina participated in interviews in 2018 about the role of the church in promoting health for children and youth, specifically obesity prevention, nutrition, and physical activity.

## What we found

### Church leaders have multiple concerns about health issues facing children in their congregation and community

**Holistic Health:** Similar to the UMC statement on Health and Wholeness, church leaders were interested in improving "whole person health" that encompassed spiritual, physical, emotional, mental, and relationship health.

*"... It's important to eat right, to get enough exercise, to sleep well, to have good emotional and spiritual health, to have good relationship health. I mean, good health includes so much, and it's important for us to be wholly healthy. And that sort of health can help us to do the work of building the Kingdom of God."*

### Health behaviors are more concerning than obesity:

Church leaders were not generally concerned with childhood obesity in their congregations. However, they expressed a desire to see children eat healthier foods, increase physical activity, and reduce screen time.

**Health concerns for children in the community:** Several church leaders expressed concerns for the health of children outside of their congregation and identified ways churches could reach out to the larger community.

### Church structures exist that may influence child health behaviors

#### Activities and programs at church can encourage healthy behaviors:

Church leaders identified several opportunities or programs in their church that could engage children and youth in healthy behaviors. Examples included getting children and youth moving during programs like Sunday School or Vacation Bible School or serving healthy snacks and meals when food is available.

**Opportunities exist for unhealthy behaviors:** Most of these unhealthy opportunities involved unhealthy eating at

church. Leaders talked about using unhealthy foods as rewards or to entice children and youth to attend events. Several leaders also talked about strategies to reduce unhealthy foods or to include additional healthy foods at meals and snacks.

**Churches have physical structures that can be used for physical activity:** Structures like gymnasiums, playgrounds, and sports fields at churches can be used to encourage children and youth to be active.

**Communicating healthy messages:** Churches already have built-in methods of communicating with members: weekly bulletins, email, bulletin boards, word of mouth, and social media, to name a few. One church leader suggested using these methods, but also asking children, youth, and parents about the best ways to communicate.

### Partnerships are important in improving children's health behaviors

**Caregivers are important partners:** Churches are unique places where families participate in activities together. This gives churches the chance to reach children, youth, and their parents or caregivers. Church leaders suggested reaching out to all of these groups to support children's health.

**Churches can provide important resources to the community:** Churches have space, physical resources like playgrounds and kitchens, and charitable programs that can help improve health for children in the community. Some community programs in which churches are involved include food pantries, backpack programs

that provide food for children on weekends, and hosting programs like Scouting.

**Partners with expertise:** Leaders want to partner with community organizations or members who have expertise in areas like nutrition, physical activity, and health.

### Role models

**Adults are role models for children in the church:** Church leaders spoke about how all adults in the church can be involved in improving children's health by modeling health behaviors like making healthy food and physical activity choices.

**The church is a role model for the community:** Leaders view church members, both adults and children, as role models in the community who can set an example through spirituality and behavior. This could include making healthy choices, honoring the body that God gave you, and talking about the connection between faith and health.



### Churches should tailor their approaches to fit the needs of the congregations

**Spiritual tailoring:** Church leaders highlighted the connection between spiritual health and physical health and stated that any program or opportunity to address childhood health should include a spiritual connection.

*"...Anything we do needs to fit within our mission. I think that being healthy is definitely in our mission, but making and nurturing disciples of Christ is with every church. There needs to be a spiritual component, even if it's nothing more than just remembering God is at the center of all we do."*

**Efforts should be tailored for each congregation:** Every congregation is different, and any approach should be tailored to fit the needs of members. Church leaders emphasized considering congregation demographics, church decision-making policies and procedures, staffing, and existing programming.

### What's next

Information learned through these interviews will help strengthen health programming in churches.

#### To learn more about the study:

An abstract of the research report is available here: <http://www.ncbi.nlm.nih.gov/pubmed/31677941>

If you have questions about the study, please contact Dr. Caroline G. Dunn, [cdunn@hsph.harvard.edu](mailto:cdunn@hsph.harvard.edu) or Dr. Sara Wilcox, [swilcox@sc.edu](mailto:swilcox@sc.edu)

To learn more about the Faith, Activity, and Nutrition (FAN) Program, please visit <http://prevention.sph.sc.edu/projects/fantraining.htm>.